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TITLE: HIV Seroprevalence Trends at 5 Hospitals in South Georgia, 1993 to 1997

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OBJECTIVES: HIV seroprevalence surveys, which have been conducted primarily in large metropolitan areas, help determine the extent of HIV and the need for routine HIV counseling and testing (HIV C&T). We sought to describe HIV seroprevalence trends in South Georgia hospitals and to compare two different protocols for conducting anonymous surveys. Methods: From 1993 to 1997, five hospitals in South Georgia conducted anonymous testing for HIV on leftover blood specimens collected from patients 15 to 54 years old for routine diagnostic purposes. For each of two survey periods per year, sampling occurred for six weeks until 700 specimens were submitted from each hospital for anonymous testing. Two hospitals (C and E) tested all specimens, and three hospitals (A, B, and D) excluded blood known to be HIV-related.

RESULTS: For all hospitals combined, 99.8% (30,488/30,544) of the specimens tested from 1993 to 1997 had known positive or negative HIV results, and the number of results each year ranged from 5,286 to 6,653. The mean HIV seroprevalence at hospitals C and E was between 2.0% and 2.3% each year, and the mean HIV seroprevalence at hospitals A, B, and D increased from 0.5% to 1.0% between 1993 to 1995 and then decreased to 0.3% in 1997.

CONCLUSION: In the two hospitals that sampled all blood specimens, the HIV seroprevalence remained relatively stable, indicating a constant level of HIV disease in patients at these hospitals. In the three hospitals that excluded specimens related to HIV, the HIV seroprevalence has decreased to 0.3%, suggesting that routine HIV C&T is not currently needed in these hospitals. Hospitals should consider conducting periodic anonymous HIV seroprevalence surveys by sampling from all patients and distinguishing between specimens that are known to be HIV-related and those which are not.

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